

DEPARTMENT OF BENEFIT PAYMENTS
744 P Street, Sacramento, CA 95814
(916) 322-6384



April 15, 1976

ALL-COUNTY LETTER NO. 76-66

TO: ALL DISTRICT ATTORNEYS
ALL COUNTY WELFARE DIRECTORS

SUBJECT: FORM WR 2.1 CHILD SUPPORT QUESTIONNAIRE

REFERENCE:

The Form WR 2.1 Child Support Questionnaire was revised in September, 1975 to meet the requirements of the Title IV-D child support and paternity program and to better serve the needs of county IV-D agencies. The WR 2.1 is a required form, and its use is mandatory in all jurisdictions.

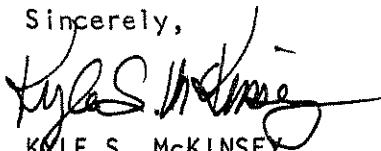
In the ensuing months since the WR 2.1 was introduced, county welfare departments and district attorney's offices have had a chance to use the form and evaluate its effectiveness. As a result of these experiences, deficiencies in the form have become apparent and there now appears to be a need for further revision. With this in mind we are requesting your assistance.

Any criticisms you may have regarding the existing WR 2.1 or comments and suggestions as to how it could be improved should be forwarded to:

Department of Benefit Payments
Office of Child Support
744 P Street, M.S. 19-19
Sacramento, CA 95814

It would be appreciated if these responses could be submitted to the Office of Child Support by May 1 in order that revisions can be made and a new supply printed as soon as possible.

Sincerely,


KYLE S. MCKINSEY
Deputy Director

cc: CWDA

OBSOLETE

Superseded by ACL # 77-15

Issued 3-17-77